## OPERATION WELCOME HOME

"A New Hampshire Program
Providing Support for Returning
Veterans & their Families"

To care for him who has borne the battle and for his widow and his orphan"

# Roadmap for Federal Action on America's Mental Health Crisis

"A veteran returning today from Operations Iraqi Freedom or Enduring Freedom, who suffers from depression and suicidal ideation related to deployment, will find the availability of appropriate evidence-based care is haphazard and spotty."

--- Secretary of Veterans Affairs Task Force on Mental Health, March 11, 2004

## **OWH Background**

Initially NH Guard had a different thought process regarding return of deployed soldiers

R&R leave began to show some difficulties

Needed to learn more about combat experience reentry

Held workshop of experts including: 82nd Airborne, Marines, Navy, etc.

### CONSEQUENCES

#### Increase in:

- divorce rate
- alcohol abuse
- drug abuse
- ❖ spousal abuse
- child abuse
- vehicle accidents/death

- 3 5% diagnosed with PTSD leaving theater
- 30% had problems ranging from depression to full-blown PTSD.
- Problems are sometimes more acute in members of the NG who return to a civilian job when they leave active duty.

LTG Kevin Kiley Army's Surgeon General & staff

July 2005 (3-6 months after returning from combat)
Source: USA Today July 28, 2005

#### DESIRED OUTCOME

Build a comprehensive model for re-entry and reunion, so no warrior was left behind.

## Governor Lynch Establishes "Operation Welcome Home"

State-wide Collaborative Effort Involving:

- National Guard
- DHHS
- Human Resources
- Bureau of Behavioral Health
- Division for Children, Youth & Families
- Bureau of Emergency Management
- Department of Corrections
- American Red Cross
- State Employee Assistance Program

## "Operation Welcome Home" GOALS

- Community Awareness
- State-wide outreach to "Natural Helper"
- Resource Directory by Community
- Expert support of Family Reentry Workshops
- Outreach to Employers



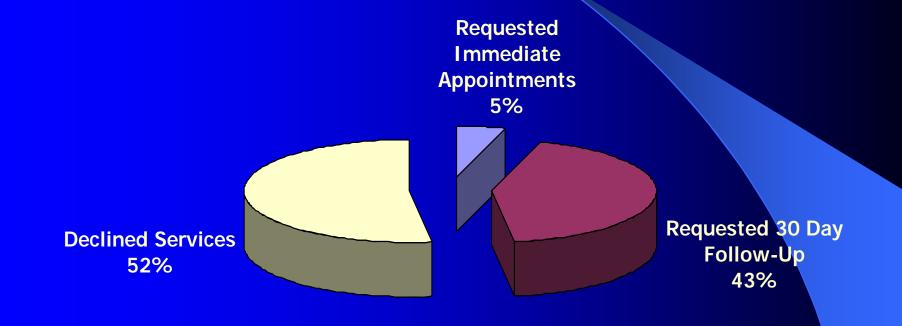
## **High Risk Population**

Approximately 144,000 Reservists are currently deployed overseas

Translates into over a million key family members directly affected.

Those in COMBAT - High Risk Population not seen since Vietnam

# NH National Guard Vet Center Visit Request Distribution



## **Preliminary Results**

824 soldiers screened (Iraq and Afghanistan)

- 365 asked for 30 day follow-up
- 459 asked not to be contacted
- Total 171 (21%) returning soldiers have had significant contact with Vet Centers beyond the screening
- 1553 total visits of all kinds (individual, family) to date includes the initial screening

Preliminary results show a clear relationship between exposure to combat stressors and seeking help



#### Reasons for Collaboration

Unique needs of NG vs full-time military

Lack of knowledge by family & community as to how to support returning soldier

Lack of existing behavioral health resources to meet anticipated needs

#### Behavioral Health Involvement

- SAMHSA Capacity Enhancement Grant
- Disaster Behavioral Health Response Team
- Services/Responses
- Training
- Activation & Response Protocols

#### Use of DBHRT for OWH

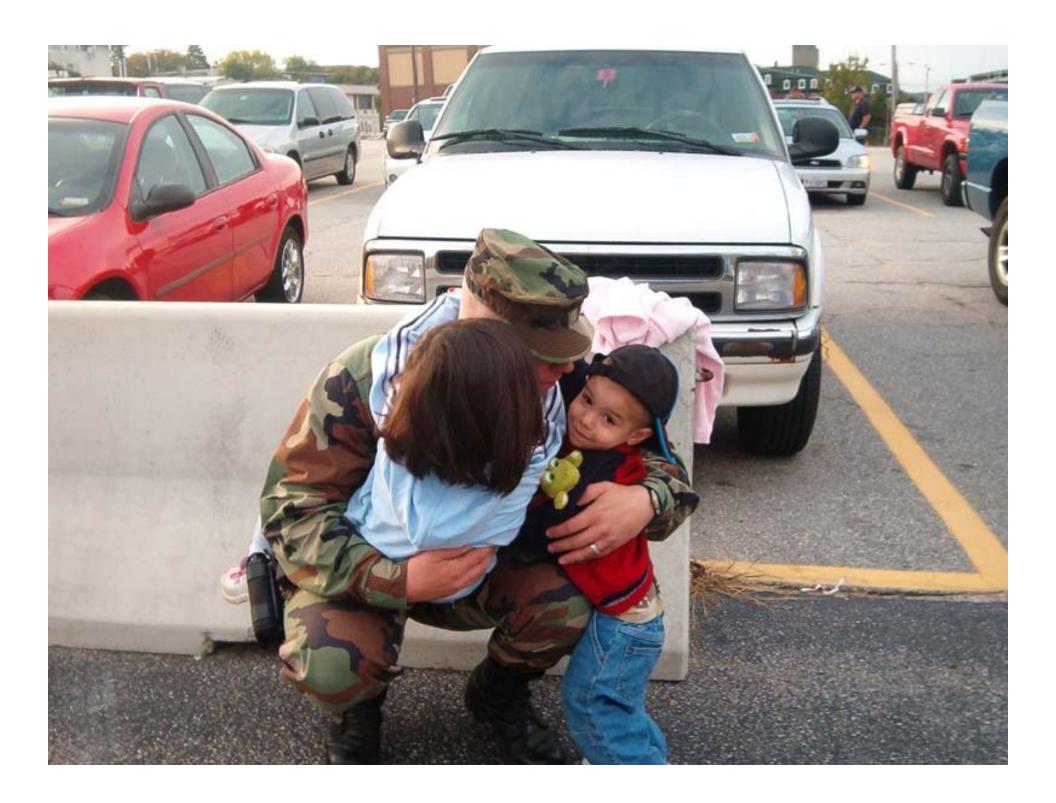
- Unanticipated
- Prevention not Crisis Related
- Able to Separate War From the Warrior
- Develop Relationship for Future Events
- Process of DBHRT Involvement

## Reunion & Re-Integration Workshops

- Reentry into Family Life
- Signs and Symptoms of PTSD
- Suicide Awareness
- Reunion & Re-Integration Process
- Unit Situation Brief
- Child Focus into Family Life

## Reunion & Re-Integration Presenters

- Chaplains Office
- Family Assistance Center Staff
- Vet Center Expert on PTSD
- DBHRT-children
- UNH-Operation Military Kids



## **Resource Directory**

❖ Public and Private (CMHC, S.A)

❖ DBHRT team members-Pro Bono

Twelve Step Programs

24 hour emergency numbers

## Natural Helper Workshops

3 Regional workshops

Promotion strategies

Target audience

Attendees -260

## Natural Helper Workshops

❖ Panel

❖ PTSD reframe

Small group discussions

Resource Table

#### **Brochure Guides**

Law Enforcement

Behavioral Health Professionals

School Personnel

Faith Based

Primary Care Physicians

## Other Collaborative Efforts

Purple Camp

❖ Katrina

Alstead flooding







## Looking Ahead......

- Positive relationship (trust) now exists
- In times of disaster, NH NG, state mental health authority and EM will be involved-EOC
- Future involvement in drills
- A changing world...pandemic flu, national disasters, terrorism



## **How to Make it Happen**

- Governor`s leadership
- Leadership 'buy in'-between Key State agencies & National Guard
- Form a working committee
- Involve behavioral health resources
- Persistence

#### **Contact Information**

\*Paul Deignan- (603) 271-2231 x 4173 pdeignan@nhoem.state.nh.us

Col. Deborah Carter-(603) 225-1328 deborah.carter@nh.ngb.army.mil